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SB 116

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February 3, 2011

Senator Greg Hinkle
Montana Senate
PO Box 200500
Helena, MT 59620-0500

Subject: Vote for SB 116 to Prohibit Assisted Suicide Legalization

Dear Senator Hinkle,

I am disturbed that the suicide lobby group, Compassion & Choices, has come into Montana to attempt to indoctrinate you and your citizens to accept legalized assisted suicide, as somehow promoting individual rights and choice. I have been a cancer doctor in Oregon for more than 40 years. The combination of assisted-suicide legalization and prioritized medical care based on prognosis has created a danger for my patients on the Oregon Health Plan (Medicaid).

The Plan limits medical care and treatment for patients with likelihood of 5% or less 5-year survival. My patients in that category, who have a good chance of living another 3 years and who want to live, cannot receive surgery, chemotherapy or radiation therapy to obtain that goal. The Plan guidelines state that the Plan will not cover "chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression." The Plan will cover the cost of the patient's suicide.

Under the Oregon law, a patient is not supposed to be eligible for assisted suicide until they are deemed to have 6 months or less to live. In the cases of Barbara Wagner and Randy Stroup in 2008, neither of them had such a diagnosis, nor had they asked for suicide. The Plan, nonetheless, offered them suicide. Neither Wagner nor Stroup saw this as a celebration of their "choice". Barbara Wagner said, "They will pay for me to die, but won't pay for me to live."

In Oregon, the mere presence of legal assisted-suicide steers patients to suicide even when there is not an issue of coverage. One of my patients was adamant she would use the law. I convinced her to be treated. Over ten years later she is thrilled to be alive. Don't make Oregon's mistake.

Thank you for writing and proposing your bill.

Very sincerely,

Kenneth Stevens M.D.

Similar letters sent to other members of Judiciary Committee

Last year, I received a call from a woman who wanted to know if I could give her the name of a doctor who practiced good end-of-life care medicine and who did not practice assisted suicide. She and her 75-year old husband had recently moved within the Portland, Oregon metro area, and they wanted to be under the care of a doctor closer to their new home. This is not an uncommon request in Oregon, the only state that has legalized assisted suicide. I suggested a doctor's name to her whom I felt she and her husband could trust. I have received previous calls from those who are concerned regarding the ethics of their doctor, and are concerned that their doctor may be a "death" doctor. This shows the great importance of trust in the patient-doctor relationship; and the great harm caused by assisted suicide.

My personal experience illustrates this:

Shannon and I had been married 18 years and had 6 children. For three years she had been suffering from advancing malignant lymphoma. It had relentlessly spread from her lymph nodes to her brain, spinal cord and bones. She had received extensive chemotherapy and radiation treatments. She required considerable pain medication, antidepressants and other supportive measures. In late May, 1982, we met again with her doctor to review what more could be done. It was obvious that there was no further treatment that would halt the cancer's progressive nature. As we were about to leave his office, her doctor said, "Well, I could write a prescription for an 'extra large' amount of pain medication for you. He did not say it was for her to hasten her death, but she and I both felt his intended message. We knew that was the intent of his words. Her pain and symptoms were being controlled, and she declined the prescription. As I helped her to our car, she said, "Ken, he wants me to kill myself." She and I were devastated. How could her physician subtly suggest to her that she take her own life with lethal drug overdose? We had felt much discouragement during the prior three years, but not the deep despair that we felt at that time when her physician, her trusted physician, subtly suggest that suicide should be considered. His subtle message to her was, "Your life is no longer of value, you are better off dead." Six days later she died peacefully, naturally, with dignity and at ease in her bed, without the suggested lethal drug overdose. Physician-assisted suicide does destroy trust between patient and physician.

In 1994, Oregon citizens voted 51% to 49% to legalize assisted suicide in the state. From 1998 to 2010 there have been 525 assisted suicide deaths reported by the Oregon Health Department. In 2009, 57 of the 59 reported assisted suicide deaths were reported by Compassion & Choices (former Hemlock Society) to be their clients. They control assisted suicides in Oregon and want to control them in Montana.

-Kenneth R. Stevens, Jr, MD
February 3, 2011